				Pond FIOI	IO A COSTECUTION OF	Information	nuless H ale	DEPARTMENT plays a yallo of allon or Dooket	OF COMMER 18 control number Number
		ICATION AS FILED -	- PART (Column 2)	. :	** SMALI	LEKTITY	00	OTHE	R THAN
1	FOR BASIQ FEE	NUMBER FILED	. NUMBER EXTRA		1		OR .	SMALI	LENTITY
,	(87 OFR 1.16(a).(b); or (c)) SEARCH FEE	. N/A	. NA	11	RATE (\$)	FEE (\$	(8)	RATE (\$)	FEE (\$)
	(87 OFR 1.16(K), (1), or (my)	N/A	N/A	1	· N/A		V 1	N/A	
: -	TOTAL CLAIMS	NVA	N/A .	7.	N/A ·	-		N/A	
	NDEPENDENT CLAIMS	minus 20 =			x 28 =		4	.NA	
+	37 OFR 1.16(N)	mlnus 8 =	•	1			OR	× 50 =	
`I F	PPLICATION SIZE If the specification and sheets of paper, the application and sheets		Trawings exceed 100 plication size tee due	-	× 105 =			× 210 =	
	7. CATA 3. 10(8))	additional 50 sheets or (35 U.S.C. 41(a)(1)(G) at	raction thereof. See				7		
*	lultiple dépendent al	AIM PRESENT (37 CFR 1.10	8m1	-	185	· · · ·	1 1		
.*	the difference in column 1 is less than zero, enter *0" in column 2.			1 [183			370	
	APPLICATION AS AMENDED - PART II				TOTAL			TOTAL	
_	1 202 0	•	PARTII :	•		ម៉ូន			
ATA L	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST				SMALL E	ИПТ Н	OR	OTHER.	THAN
		TER NUM	MBER PRESENT OUSLY EXTRA		RATE (\$)	AGDI	· [SMALL E	YTITY
MENT	to cen 1.1600	OMENT PAIC	FOR			TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL
MEND	independent Of OFR 1,15(N)	Minus +11 2		1.7	25		OR X	50 =	FEE (\$)
AM)	105 =		OR X	Sir S	
	FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM	1 (37 CFR 1.16m)		185				
•			, , , , , , , , , , , , , , , , , , , ,		OTAL		OR	34n	
•	(Colum	n 1) (Colu	(mn 2) (Column a)	. A	DO'L FEE		OR . At	DO'L FEE .	
œ	CLAII REMAIN	AING HIGH	EST	_	·		·		:
NEW TANK	Total AMENDA		USLY FXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)	F	RATE (\$)	ADDI- TIONAL
2	independent	Minus 444	-	×	15 =		OR X	And I	FEE (\$)
AMID!	Application Size Fee (37 C	i i	#	×	105 =				
	FIRST PRESENTATION OF M	/47 pm					210 =		
		You CHE 1'16(1)	<u></u>	185		OR E	NA.		
44 44	K the entry in column 1 is le If the "Highest Number Pter	ss than the entry in column Aqualy Pald For IN THIS SI	2) Wille "O" in column a	,AD	TAL D'L FEE		00 101	AL D'UFEE	
] ∞I	the Highest Number Preylogical of Information is recommended to the control of th	ss than the entry in column Aqualy Pald For IN THIS SP lously Pald For IN-THIS SP lously Pald For Total or Independent the control of Index Inde	'AOE is less than 20; enter AOE is less than 3; enter appendent to the black.	er *20 *3*,				-	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a periodical by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the uspto. Time will vary depending upon the individual case. Any comments and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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